

Request for Proposals

Homelessness Prevention & Rapid Re-Housing Program

City of Miami Gardens

Department of Community Development 1515 NW 167 Street, Bldg. 5, Suite 200 Miami Gardens, Florida 33169

Phone: 305-622-8041 • Fax: 305-622-8046 www.miamigardens-fl.gov/cd

June 5, 2009

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Homelessness Prevention and Rapid Re-Housing Program

REQUEST FOR PROPOSALS (RFP)

Purpose of RFP

The City of Miami Gardens anticipates an allocation of \$567,612 from the U.S. Department of Housing and Urban Development (HUD) for the implementation of the Homelessness Prevention Fund, also referred to as the Homelessness Prevention and Rapid Re-Housing Program (HPRP). The purpose of HPRP is to provide financial assistance and services to either prevent individuals and families from becoming homeless or help those who are experiencing homelessness to be quickly re-housed and stabilized.

The Federal legislation outlines eligible uses of the funding in a way that allows for flexibility at the local level to implement a prevention and re-housing strategy that best fits the community's needs. Programs can be designed to include both primary and secondary prevention strategies. Primary prevention prioritizes those at imminent risk of homelessness and secondary prevention focuses on rapid exit from shelter and prevention of lengthy or repeated homelessness and its negative consequences.

The City is soliciting proposals from experienced organizations and community agencies for projects to be funded under HPRP. It should be noted that proposals submitted for HPRP funding must be consistent with strategies and priorities listed in the *Homeless Needs* section of the 2006-2011 Consolidated Plan. To view the Consolidated Plan visit the city's website at www.miamigardens-fl.gov/cd and click on "Documents."

Background

Congress has designated \$1.5 billion for the Homelessness Prevention Fund, also referred to as the Homelessness Prevention and Rapid Re-Housing Program (HPRP), under Title XII of the American Recovery and Reinvestment Act of 2009. HUD released the HPRP requirement on March 19, 2009. Interested parties can view the full notice HUD at www.hud.gov/recovery/hrp-notice.pdf. All materials relative to the HPRP are located on the HUD Homelessness Resource Exchange website at www.hudhre.info. Through HPRP funding, the City of Miami Gardens is implementing its first homelessness prevention and rapid re-housing program. Prior to this funding award, homelessness prevention services were provided through the Miami-Dade Homeless Trust as a part of the County's Continuum of Care.

HPRP funds will provide temporary financial assistance and housing relocation and stabilization services to individuals and families who are homeless or would be homeless <u>but for</u> this assistance. Funds under HPRP are intended to target two populations of persons facing housing instability, as listed below:

- Individuals and families who are currently in housing but are at risk of becoming homeless and need temporary rent or utility assistance to prevent them from becoming homeless or assistance to move to another unit (prevention), and
- 2. Individuals and families who are experiencing homelessness (residing in emergency or transitional shelters or on the street) and need temporary assistance in order to obtain housing and retain it (rapid re-housing).

Eligible Activities

All eligible activities listed below can be used for both homelessness prevention and rapid re-housing services. HPRP assistance is not intended to provide all the long-term support for program participants, nor will it be able to address all the financial and supportive services needs of households that affect housing stability. Rather, assistance should be focused on housing stabilization, linking program participants to community resources and other public benefits to help in developing a plan for preventing future housing instability. Proposals will be received for the following activities as it relates to homelessness prevention and/or rapid rehousing services:

- Eligibility certification
- Outreach and engagement
- Legal Services (Landlord/Tenant issues only)
- Data collection and evaluation
- Short-term rental assistance (3 months)
- Moving and relocation costs
- Security and Utility Deposits
- Arrearage of Utility Payments (up to 6 months)

Ineligible Activities

The intent of HPRP is to provide funding for housing expenses to persons who are homeless or who would be homeless if not for this assistance. Therefore, financial assistance or services to pay for expenses that are available through other Recovery Act programs, including child care and employment training are not eligible. Case managers should work to link participants to these other resources. Programs may not charge fees to HPRP participants. Any funds used to support HPRP participants must be issued directly to the appropriate third party, such as the landlord or utility company, and in no case are funds eligible to be issued directly to program participants. Other ineligible activities include:

- Mortgage costs
- Construction or rehabilitation
- Credit card bills or other consumer debt
- Car repair or other transportation costs
- Travel costs
- Food and clothing and/or grooming
- Medical/dental care and medicines
- Home furnishings
- Pet care
- Entertainment activities
- Work or education related materials
- Cash assistance
- Development of discharge planning programs in mainstream institutions such as hospitals, jails, or prisons
- Certifications, licenses and general training classes

Program Budget

The table below shows the City's overall estimated HPRP program budget. This is an estimated budget based on preliminary projections of program activities to be provided. In this RFP, administrative costs will be shared by City and sub-recipients since most services directly related to HPRP activities can be budgeted as a part of that proposed activity.

| HPRP Estimated Budget Summary | | | | |
|---|----------------------------|---------------------|--------------------------|--|
| | Homelessness Prevention | Rapid Re-housing | Total Amount Budgeted | |
| Financial Assistance | 169,869 | \$100,000 | \$269,869 | |
| Housing Relocation and Stabilization Services | \$185,500 | \$46,260 | \$231,760 | |
| Subtotal (add previous two rows) | \$308,925 | \$146,260 | \$501,629 | |

| Data Collection and Evaluation | 37,602 |
|---|------------------|
| Administration (up to 5% of allocation) | <u>28,381</u> |
| Total HPRP Amount Budgeted⁴ | <u>\$567,612</u> |

Proposal Instructions

- 1. Organizations interested in applying for HPRP funding must complete an application and submit all applicable documentation. Incomplete proposal <u>will not</u> be considered for funding. RFP applications can be downloaded from the City's website at <u>www.miamigardens-fl.gov/cd</u> in the "News and Updates" section.
- A mandatory <u>HPRP Pre-Proposal Conference</u> is scheduled for June 19, 2009 at 10:30 a.m. in the Council Chambers at City Hall. <u>Attendance is required for agencies intending to submit an application for funding</u>.
- 3. Any organization requiring more information about the request for proposals process or technical assistance may contact, in writing to dscott@miamigardens-fl.gov at the Department of Community Development by June 19, 2009. Responses will be provided to all interested parties via posting to the City's website at www.miamigardens-fl.gov/cd in the "News and Updates" section by June 25, 2009.
- 4. Organizations must submit <u>one original proposal and (four (4) copies)</u>, on 8½" X 11" paper, double-sided, with all pages numbered to:

City of Miami Gardens
Department of Community Development
Attn: Deborah A. Scott, CD Specialist II
1515 NW 167th Street, Bldg. 4, Suite 120
Miami Gardens, FL 33169

ALL PROPOSALS MUST BE RECEIVED BY 3:00 P.M. ON JULY 10, 2009 AT THE ADDRESS ABOVE.

PROPOSALS WILL NOT BE ACCEPTED AT ANY OTHER LOCATION.

LATE PROPOSALS WILL NOT BE ACCEPTED, NO EXCEPTIONS Incomplete proposals or proposals submitted after 3:00 p.m. will not be considered

Important Dates

| RFP Available: | June 5, 2009 |
|----------------------------------|--------------------|
| Pre-Proposal Conference | June 19, 2009 |
| RFP Submission Deadline: | July 10, 2009 |
| Staff Review of Proposals | July 13 – 24, 2009 |
| Notice of Proposed Funding | August 2, 2009 |
| Appeals of Proposed Funding | August 3 - 5, 2009 |
| Funding Approval by City Council | September 9, 2009 |

Criteria for Awarding Funds

- 1. Proposed project is eligible for funding based on allowed activities under HPRP and addressed at least one of City's 2006-2011 Consolidated Plan goals.
- 2. Proposed project will be evaluated based on how effective the activities proposed will be in providing homelessness prevention services.
- 3. The City's determination of how well the proposed activity meets the intent of the program as set forth in the HUD Notice (www.hud.gov/recovery/hrp-notice.pdf).
- 4. Emphasis will be placed on how the program may become self-sufficient and sustain services beyond the three-year award.
- 5. Preference will be given to proposals that clearly demonstrate the ability to employ HPRP fund efficiently and in a timely manner.

Contract Award Process

- 1. City staff will review all proposal based on the evaluation criteria indicated above July 13 24, 2009.
- 2. A draft list of funding recommendations will be published on August 2, 2009 in the Neighbors section of the Miami Herald and on the City's website at www.miamigardens-fl.gov/cd in the "News and Update" section.
- 3. Recommendations will be presented to the Mayor and City Council for final approval at a public hearing scheduled for September 9, 2009.
- 4. Selected organizations will be notified in writing following the City Council's approval.
- 5. Each grant award is subject to the execution of a sub-recipient agreement between the City and the organization by September 30, 2009.
- 6. Upon execution of the sub-recipient agreement(s), a summary of funded programs will be posted on the City's website at www.miamigardens-fl.gov/cd in the "News and Update" section.

| | | Proposal Che | cklis | t |
|-------------------|--|---|-------|--|
| Name o | f Organization Submitting II: | | | |
| Progran | n Name: | | | |
| Name o | f Contact Person: | | | |
| Email A | ddress: | | | |
| Phone r | number: | | | |
| follow all the | ing information (if applicable | e to your agency or proponformation may not be co | sed p | rder outlined below. Please include all of the project/activity). Proposals that do not contain lered. The asterisk (*) indicates forms that can |
| □ 1 | . Proposal Checklist* | | | |
| □ 2 | . Proposal Application* | | | |
| □ 3 | . Proposal Narrative | | | |
| □ 4 | . Required Documents and (| Certifications | | |
| [| Tax Exemption Determinat (C) (3) Letter) | ion Letter (IRS 501 | | Authorization to Request Funds (signed by Board Chair) |
| [| Articles of Incorporation/B | y-Laws | | Conflict of Interest Policy |
| [| Certificate of Good Standir | ng with the State | | Form 5 - Authorized Representative Statement* |
| [| Organizational Chart | | | Form 7 - Certification of Sound Fiscal |
| [| List of Current Board Mem | bers (include titles | П | Management Form 9 - Income and FICA Tax Certification* |
| Г | and current terms) Resumes of Program Admi | nistrator and Eissal | | Form 10 - Declaration of Financial Interests* |
| | Officer | ilistrator and Fiscar | | Certification Regarding Lobbying* |
| [| Annual Financial Statemen | ts and Audit | | Form 12 - Certification Regarding Debarment, |
| | Evidence of Project Suppor | rt (written | | Suspension, and Other Responsibility Matters* |
| [| endorsements) Commitment or approval least to the commitment of t | etter of Funding | | Form 13 - Sworn Statement on Public Entity Crimes* |
| [| from other sources Evidence of Insurance/Fide | elity | | Form 14 - Disability Non-Discrimination Certification* |
| | Bonding/Worker's Comper | • | | Form 15 - Drug Free Workplace Certification* |

| | | Propo | sal Application | | |
|--|-----------------|--|-----------------|---|------|
| Part I – General Inform | ation | | | | |
| Name of Organization S Proposal: | Submitting | | | | |
| Tax ID Number: | | | | | |
| Type of Organization: | | □ Non-Profit | □ CHDO | ☐ Faith-Based | |
| Program Name: | | | | | |
| Authorized Contact Per | son and Title: | | | | |
| Email Address: | | | | | |
| Phone number: | | | | | |
| Mailing Address: | | | | | |
| Fax Number: | | | | | |
| Organization's Website | : | | | | |
| Part 2 – Amount Reque | ested | | | | |
| HPRP | | \$ | | | |
| Part 3 – Prior Year Fund | | _ | ns | . N | |
| Program Year | | unt Funded | | Program Name | |
| | \$ | | | | |
| Part 4 – Proposed Activ Proposals may include r | | e types of services | | | |
| | ☐ Outro | ility certification each and engagemen services (landlord/te | nant only) | | |
| | | collection and evalua | | | |
| | | term rental assistan ng and relocation cos | | | |
| | = | rity and utility deposi | | | |
| | | ers of utility payment | | | |
| further understands that | the proposal is | a request and there is | | the best of his/her knowledg or implied that funds will be nce. | |
| Signature of Authorized | d Person Listed | d Above | Title | | Date |

Proposal Questions

Using the questions in the sections below, please provide a narrative description of your proposed program, your organization's capacity to perform the activities and the performance measurements that will be used to evaluate accomplishments.

Part 5 - Program Description (25 points max.)

- 1. Provide a brief description of activity, the goals of the program and how funds will be used to assist households in maintain housing stability.
- 2. Describe how this project addresses needs in the City's Consolidated Plan (<u>www.miamigardens-fl.gov/cd</u> in the Documents section).
- 3. How will the proposed activity encourage new partnerships or use existing partnerships to complete the activity?
- 4. Describe the population/target group your project will serve and how low-income persons will benefit.
- 5. What is the estimated number of unduplicated individuals to be served? Indicate the number of unduplicated adults to be served per program year and the number of unduplicated children to be served per program year.

Part 6 – Organizational Capacity and Experience (40 points max.)

- 1. Please outline your organization's purpose? Include other office locations (if applicable) and days/hours of operations.
- 2. Describe your organization's experience in providing similar types of services, including Housing Quality Standards inspections. List significant accomplishments and any training required for implementation of the HPRP program.
- 3. Describe the areas where your organization has served and how long the organization has been serving in these areas.
- 4. Summarize the executive staff's experience and qualifications for managing the proposed program. Include staff member who will be directly responsible for managing the activity proposed for funding. Provide copies of resumes and job descriptions of executive staff and members.
- 5. Describe the internal administrative controls to be used, including financial record-keeping procedures and management controls. Please include a copy of the organization's financial policies.
- 6. Describe the system that will be used to maintain program data.
- 7. Describe your procedures and policies regarding non-discrimination, equal employment opportunities and other relevant local, State and Federal requirements?
- 8. HPRP sub-recipients are required to collect and enter unduplicated client data in the Homeless Management Information System (HMIS). Is your agency already using HMIS? Yes _____ No ____

Part 7 – Measuring Accomplishments (20 points max.)

- 1. Describe how your organization will evaluate the effectiveness of the activity to be funded. Please include a copy of recent evaluations, internal and external, of the organization's programs.
- 2. Provide copies of all intake form and data collection tools that will be used to verify achievements of program goals and objectives. Please specify the name and title of staff persons who will be responsible for monitoring progress.

Part 8 – Project Budget (15 points max.)

1. Complete the information below for activities for which your program will request funds.

| Eligible Activity | Funds Requested | | | |
|---|----------------------------|----------------------|---------------------------|--|
| | Homelessness Prevention | Rapid Re- Housing | Proposed Number Served | |
| Financial Assistance | \$169,869 | \$100,000 | | |
| Eligibility certification | \$ | \$ | | |
| Short-term rental assistance (up to 3 months) | \$ | \$ | | |
| Moving and relocation costs | \$ | \$ | | |
| Security and utility deposits | \$ | \$ | | |
| Arrears of utility payments | \$ | \$ | | |
| Housing Relocation & Stabilization services | \$185,500 | \$46,260 | | |
| Outreach and engagement | \$ | \$ | | |
| Legal services (landlord/tenant only) | \$ | \$ | | |
| Data collection and evaluation | \$ | \$ | | |
| Administration | | | | |
| Total Funds Requested | \$ | \$ | | |

| 2. | Attach your organization's 2008-09 sources and | uses statement and the proposed 2009-10 sources and |
|----|--|---|
| | uses statement. | |

| 3. | Is your organization able to pay f | or services | provided under | · HPRP and | d request reimb | ursements on | agreed |
|----|------------------------------------|-------------|----------------|------------|-----------------|--------------|--------|
| | upon monthly intervals? Yes | No | | | | | |

Evaluation Criteria

All proposals will be reviewed and evaluated by the Department of Community Development staff based on the criteria indicated below. The criteria are not listed in order of priority. Applicants can receive a total of 100 points. All applicants will be notified of the selections. The Department of Community Development has the right to negotiate with applicants concerning goals, objectives and activities.

Program Description and Design (25 maximum points)

- Organizational Capacity and Experience (40 maximum points)
- Program Effectiveness/Measuring Accomplishments (20 maximum points)
- Budget Preparation (15 points)

Any organization seeking to appeal the Department's decisions may do so in writing during the appeals process, from August 3 - 5, 2009. Written appeals must be received August 5, 2009 to the Department of Community Development, attention: Daniel A. Rosemond, Assistant City Manager/Community Development Director, 1515 NW 167th Street, Bldg. 5, Suite 200, Miami Gardens, FL 33169.

| HPRP Eva | luation Ranking Sheet | |
|--|--|-------|
| Program Description (25 points maximum) | | Score |
| Brief description of activity, the goals, and use of funds | is clear. | |
| The organization has experience in providing similar ty | pes of services and listed significant accomplishments. | |
| The organization describes how new partnerships and | existing partnerships will be implemented. | |
| The population/target group and benefits to participan | ts is clearly defined. | |
| The estimated number of individuals to be served is inc | cluded and broken out by age group appropriately. | |
| Organizational Capacity and Experience (40 points max | | |
| The organization's purpose is clearly outlined including | | |
| The organization has experience in providing similar ty | pes of services. Significant accomplishments are listed. | |
| The organization clearly describes areas previously serv | ved. | |
| The organization's management and staff have exp program. Copies of resumes and job descriptions are in | perience and qualifications for managing the proposincluded. | ed |
| Internal administrative controls to be used are clearly of | defined. Copy of the financial policies is included. | |
| Non-discrimination, equal employment opportunities procedures and policies are included. | and other relevant local, State and Federal requiremen | nts |
| A description of the program data system is provided a | nd clearly defined. | |
| Is the agency already using HMIS | | |
| Measuring Accomplishments (20 points maximum) | | |
| The organization clearly defines how it will evaluate the recent evaluations from other organizations are provid | | |
| Copies of all intake form and data collection tools that | | |
| persons responsible for monitoring progress is included | d. | |
| Project Budget (15 points maximum) The program budget shows requested amounts for each | h activity type. | |
| The organization's sources/uses statements for 2008-0 | | |
| The organization is able to pay for services and request | | |
| Total | Termbursements on agreed apon monthly intervals: | |
| Comments: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Evaluator's Name Ti | tle Date | e |

Additional Required Documentation

Applicant must include the following documents in their proposal (if applicable):

- 1. Copy of executed contract, executed lease agreement, or memorandum of understanding between agency and physical location (school, church, etc.) where services are to be offered.
- 2. Copy of any joint venture agreement with any entity that will assist in any portion of the provision of the services proposed.

Other Specifications

The proposal must be submitted:

- 1. In the legal name of the corporation or agency.
- 2. An authorized representative of the applicant organization or agency who has legal authority to bind the organization in contract with the City of Miami Gardens must sign proposals.
- 3. The City may require additional information for the determination of the applicant's qualifications to provide the proposed services.
- 4. Submission of a proposal shall constitute acknowledgement and acceptance of all terms and conditions contained in this RFP. Acceptance of a proposal does not constitute a contract and does not obligate the City to award funds.
- 5. Proposal responses must comply with the requirements detailed in this document. Proposals that are incomplete, out of order, have an inadequate number of copies, lack required attachments, or have other content errors or deficiencies may be rejected. Contextual changes and/or additions to the proposal after submission will not be accepted.
- 6. Lack of compliance with legal or administrative submission requirements may lead to disqualification. Proposals that are disqualified will not be reviewed and rated.

Appeals

An appeal procedure will be made available to applicants that are not recommended for funding. **THE APPEAL MUST BE BASED ON AN ERROR IN FACT OR LAW**. An alleged error in evaluation based on "fact" will be reviewed by a panel of three (3) reviewers. An alleged error in evaluation based on "law" will be reviewed by the City Attorney's Office. To initiate an appeal, the applicant must notify the Department of Community Development in writing within three (3) days from the date of the City's written notice of non-funding.

General Conditions and Reservations

Proposal Conditions

• All costs of proposal preparation shall be borne by the applicant organization. The City shall not, in any event, be liable for any pre-contractual expenses incurred by the applicant in the preparation and/or

submission of the proposal. The applicant shall not include any such expense as part of the budget in the proposal.

- The proposal must always include the applicant's best terms and representing the greatest benefit to the City's eligible low income residents.
- The proposal must set forth full, accurate, and complete information as required by the RFP. No changes or additions are allowed after the proposal deadline.

Reservations

- The City of Miami Gardens reserves the right to retain all submitted proposals and the proposals shall become the property of the City of Miami Gardens. Any department or agency of the City shall have the right to use any or all ideas presented in proposals submitted in response to this RFP without any change or limitation. Selection or rejection of a proposal does not affect these rights.
- The City of Miami Gardens reserves the right to extend the RFP submission deadline should such action be in the best interest of the City.
- The City of Miami Gardens reserves the right to withdraw this RFP at any time without prior notice. Further, the City makes no representation that any contract will be awarded to any applicant responding to this RFP.

Applicant Eligibility Requirements

The following minimum eligibility must be met for any applicant to be recommended for funding:

- The applying entity must be current on all financial obligations (included taxes) with the City of Miami Gardens and must not have defaulted on any federally or state funded loans or grants
- The applying entity or any of its principals must not have been debarred from U.S. HUD within the past five (5) years. The City of Miami Gardens will not fund an organization or agency with outstanding disallowed costs, defaulted loans, debarment actions or any other legal encumbrance, regardless of the merits of the submitted proposal. Moreover, the City of Miami Gardens will not fund any organization or agency that has unaddressed program monitoring findings from either the City or any other public funding source.
- Applicant organization must certify it operates a drug-free environment.
- Applicant organization must certify it complies with the Americans with Disabilities Act (ADA).

Conflict of Interest and Code of Ethics

As provided in Article 9 Ethics in Public Contracting of the City of Miami Gardens Ordinance No. 2005-10-28 and subsection (t) "Cone of Silence," of Section 2-11.1 "Conflict of Interest and Code of Ethics Ordinance" of Miami-Dade County, from the time of advertising until the City Manager makes a written communications concerning the recommendation of award, there is a prohibition on communication with the City Manager and his staff and Mayor and City Council. The ordinance does not apply to oral communications at pre-

bid/proposal conference, oral presentations before selection committees, contract negotiations, public presentations made to the City Council during any duly noticed public meeting or communications in writing at any time with any City employee, official or member of the City Council unless specifically prohibited by the applicable RFP, RFQ or bid documents. A copy of all written communications must be filed with the City Clerk.

At the discretion of the City Manager or his designee, employees declaring a conflict of interest- perceived or otherwise, may be ineligible to participate in the bidding and contracting process; the City Manager or his designee, shall review the facts and render a written decision. Alternatively, Bidders having knowledge of a conflict of interest – apparent or otherwise – of the public entity's employee(s), shall be required to submit this information prior to the closing of the bid protest period. Failure to do so will nullify Bidder's right to protest the award of the bid and resultant contract on the basis of conflict of interest.

Contract Terms and Requirements

Contracts are anticipated to commence on or about October 1, 2009 and to end by September 30, 2010. The City of Miami Gardens retains the option to renew or extend the agreement with the sub-recipient/contractor for an additional year, subject to satisfactory contractor performance, available funding, and ongoing community needs.

Insurance Coverage Requirements

If the applicant is successful in obtaining funding authorization from the City Council, the City of Miami Gardens will require the successful applicant to maintain the following insurance coverages. Specific coverage requirements will be subject to review of the entity and services to be provided.

- A. The Agency shall provide the following coverage:
 - (i.) Worker's Compensation Insurance as required by law and Employer's Liability Insurance \$1,000,000. The City of Miami Gardens will not accept filed certificates of exemption forms for Worker's Compensation Insurance.
 - (ii.) Fidelity/dishonesty coverage \$500,000 per occurrence.
 - (iii.) General Liability Insurance \$1,000,000 for each occurrence, general aggregate, personal injury and products/completed operations.
 - (iv.) Automobile Liability Insurance for owned vehicles, non-owned vehicles & hired vehicles \$1,000,000 combined single limit.
 - (v.) The required insurance coverage shall be issued by an insurance company authorized and licensed to do business in the State of Florida, with the minimum rating of B+ or better, in accordance with the latest edition of A.M. Best's Insurance Guide.
- B. All such insurance shall insure the City as the primary additional insured. The Agency shall e required to furnish evidence of any other insurance coverage the CITY may reasonably require during the term of the Agreement. All such policies shall require the insurance carrier to give the City at least 30 days prior

- written notice of termination, cancellation, expiration or modification, and all such policies shall be written by insurance companies satisfactory to the City.
- C. Crime Policy (Employee Coverage) for all persons handling funds received or disbursed under this Agreement in an amount equal to or greater than one third (1/3) the amount of the grant of funds hereunder. The City shall be named as Loss Payee.
- D. Compliance with the foregoing requirements shall not relieve the Agency of its liability and obligations under the Agreement.
- E. Agency shall apply and obtain any other insurance coverage that the City may require for the execution of the Agreement.
- F. Agency shall indemnify, defend and hold harmless the City and its Officials, employees and agents (collectively referred to as "Indemnities") and each of them from and against all loss, costs, penalties, fines, damages, claims, expenses (including attorney's fees) or liabilities (collectively referred to as "Liabilities") by reason of any injury to or death of any person or damage to or destruction or loss of any property arising out of, resulting from, or in connection with
 - (i.) the performance or non-performance of the services contemplated by this Agreement which is caused, in whole or in part, by any act, omission, default or negligence (whether active or passive) of Agency or its employees, agents or subcontractors, or
 - (ii.) the failure of the Agency to comply with any of the paragraphs herein or the failure of the Agency to conform to statutes, ordinances, or other regulations or requirements of any governmental authority, federal or state, in connection with the performance of this Agreement. Agency expressly agrees to indemnify and hold harmless the Indemnities, or any of them, from and against all liabilities which may be asserted by an employee or former employee of Agency, or any of its subcontractors, as provided above, for which the Agency's liability to such employee or former employee would otherwise be limited to payments under state Workers' Compensation or similar laws.